



Auburn Police Department

Elder I.D. Program

If available, provide a photo of the elder with this form. Approximate date of photo: _____

Elder Name: _____

Elder Address: _____

Phone: (____) _____

Birth date: ____ / ____ / ____
 mm dd yy

Race: _____ Sex: M F Height: _____ Weight: _____

Hair: _____ Eyes: _____ Glasses: Y N

Characteristics/Scars/Marks/Tattoos: _____

Vehicle Description:

____ / ____ / ____ / ____
Color Year Make / Model License Plate #

Places Known to Frequent: _____

Additional Information: _____

Contact Information

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

Return to:
Auburn Police Department Attn: Records
1215 Lincoln Way Auburn, CA 95603
(530) 823-4237